

PART B - FEE(S) TRANSMITTAL

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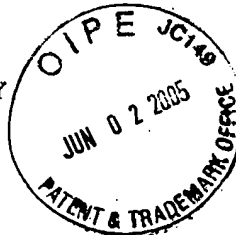
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23914 7590 03/10/2005

STEPHEN B. DAVIS
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PATENT DEPARTMENT
P O BOX 4000
PRINCETON, NJ 08543-4000

06/02/2005 MGBREM2 00000116 193880 10736476

01 FC:1501 1400.00 DA
02 FC:1504 APPLICATION NO. 10736476
03 FC:8001 10736476



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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Elliott Korsen

(Depositor's name)

(Signature)

June 2, 2005

(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/10/2005

TITLE OF INVENTION: C-6 MODIFIED INDAZOLYL-PYRROLOTRIAZINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BALASUBRAMANIAN, VENKATARAMAN	1624	514-243000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Elliott Korsen

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bristol-Myers Squibb Company
Reel 014473 Frame 0163

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Princeton, NJ U.S.A

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-3880 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date June 2, 2005

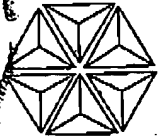
Typed or printed name

Elliott Korsen

Registration No. 32,705

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Bristol-Myers Squibb Company
Patent Department

DATE: June 2, 2005

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TO: USPTO - Issue Fee Branch
FAX NO.: 1-703-746-4000
FROM: Elliott Korsen
TELEPHONE NO.: (609) 252-4741
FACSIMILE NO.: (609) 252-4526
RE: U.S. Application Serial No.: 10/736,476
Attorney Docket No.: LD0276 NP
Number of Pages: 3 (including cover sheet)

CERTIFICATE OF TRANSMISSION VIA FACSIMILE

I hereby certify that this correspondence, a 1) Issue Fee Transmittal (1 page) and 2) "Fee Address" Indication Form (1 page) are being facsimile transmitted to the U.S. Patent and Trademark Office, Fax number 703-746-4000 on June 2, 2005.

Elliott Korsen/Depositor

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